

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of New York  
(State)

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

## Official Form 205

# Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

### Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

- ☐ Chapter 7  
☒ Chapter 11

### Part 2: Identify the Debtor

2. Debtor's name

Ninety Fifth Street Square Inc.

3. Other names you know the debtor has used in the last 8 years

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

☒ Unknown

EIN \_\_\_\_\_

5. Debtor's address

Principal place of business

557 Grand Concourse, Suite 6005

Number Street

Bronx  
City

NY 10451  
State ZIP Code

Bronx  
County

Mailing address, if different

Same

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Same

Number Street

City State ZIP Code

Debtor Ninety Fifth Street Square Inc.

Name

Case number (if known) \_\_\_\_\_

6. Debtor's website (URL)	<u>N/A</u>
7. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other type of debtor. Specify: _____
8. Type of debtor's business	<i>Check one:</i> <input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44)) <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A)) <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6)) <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3)) <input checked="" type="checkbox"/> None of the types of business listed. <input type="checkbox"/> Unknown type of business.
9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Debtor _____ Relationship _____ District _____ Date filed _____ Case number, if known _____ MM / DD / YYYY Debtor _____ Relationship _____ District _____ Date filed _____ Case number, if known _____ MM / DD / YYYY
<b>Part 3: Report About the Case</b>	
10. Venue	<i>Check one:</i> <input checked="" type="checkbox"/> Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.
11. Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). <i>At least one box must be checked:</i> <input checked="" type="checkbox"/> The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount. <input type="checkbox"/> Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.
12. Has there been a transfer of any claim against the debtor by or to any petitioner?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Ninety Fifth Street Square Inc.  
Name

Case number (if known) \_\_\_\_\_

**13. Each petitioner's claim**

Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
<u>Nedel Lionel</u>	<u>Contractual Deposit</u>	<u>\$ 20,000.00</u>
_____	_____	<u>\$ _____</u>
_____	_____	<u>\$ _____</u>
Total of petitioners' claims		<u>\$ 20,000.00</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**WARNING** – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative**

**Name and mailing address of petitioner**

Nedel Lionel  
Name  
223 Bedford Avenue #1029  
Number Street  
Brooklyn NY 11211  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/14/2016  
MM / DD / YYYY

X Nedel Lionel  
Signature of petitioner or representative, including representative's title

**Attorneys**

\_\_\_\_\_  
Printed name  
\_\_\_\_\_  
Firm name, if any  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Contact phone Email  
\_\_\_\_\_  
Bar number  
\_\_\_\_\_  
State

**X**

\_\_\_\_\_  
Signature of attorney  
\_\_\_\_\_  
Date signed  
MM / DD / YYYY

Debtor Ninety Fifth Street Square Inc.  
Name

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Nedel Lionel

Name

223 Bedford Avenue #1029

Number Street

Brooklyn

NY

11211

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

N/A

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/14/2016

MM / DD / YYYY

X Lionel Nedel

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone

Email

Bar number

State

X

Signature of attorney

Date signed

MM / DD / YYYY

**Name and mailing address of petitioner**

Name

Number Street

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone

Email

Bar number

State

X

Signature of attorney

Date signed

MM / DD / YYYY